

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	TH	953	05-15-01
<b>RESPONSE FORMALITY REVIEW</b>	RM	781	08-1-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/01
2			7/1/01
3			7/1/01
4			7/1/01
5			7/1/01
6			7/1/01
7			7/1/01
8			7/1/01
9			7/1/01
10			7/1/01
11		✓	7/1/01
12		✓	7/1/01
13		✓	7/1/01
14		✓	7/1/01
15		✓	7/1/01
16		✓	7/1/01
17		✓	7/1/01
18	✓		7/1/01
19	✓		7/1/01
20	✓		7/1/01
21	✓		7/1/01
22	✓		7/1/01
23		✓	7/1/01
24		✓	7/1/01
25		✓	7/1/01
26		✓	7/1/01
27	✓		7/1/01
28	✓		7/1/01
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

OF 130 7/1/01  
10 6/1/01  
10 7/1/01

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY